

COUNTY OF PAGE SPECIAL USE APPLICATION INSTRUCTIONS

It is the responsibility of the applicant to complete this form in its entirety and as precisely as possible.

Please attach the following in support of this application:

1. A copy of the deed to the property (may be obtained from the Circuit Court of Page County.) Also a copy of the paid real estate tax receipt for the parcel (may be obtained from the Page County Treasurer's Office.)
2. You must have the last page of this application completed by all applicable agencies, including the property owners association of the subdivision, prior to submitting the application (an application will not be accepted without this information being submitted along with the application.)
3. A copy of a survey plat (if one is available) by a registered land surveyor (licensed in Virginia) or a hand drawn sketch of the property. On this plat or sketch draw all existing buildings and the proposed structure(s) including measurements.
4. All applications submitted for special use permits shall show the nature and extent of the proposed use and development. If the proposed development is to be constructed in phases, all phases shall be shown at the time of the original application. The applicant shall have the responsibility to show that the proposal meets all of the applicable specific and general standards for the use.
5. A vicinity map showing land use surrounding the property within five hundred (500) feet, existing zoning of the tract and abutting lots, an indication of the availability of water and sewer facilities, and principle highway access to the property.
6. See attached special use zoning amendments Section 125-54.
7. If you have any questions, please call the Page County Planning Department 540-743-4142, 9 a.m. to 5 p.m., Monday through Friday.

ADDITIONAL INFORMATION MAY BE REQUIRED IF THE ZONING ADMINISTRATOR OR PLANNING DIRECTOR DETERMINES IT NECESSARY TO ENSURE CONFORMANCE WITH AND TO PROVIDE ENFORCEMENT OF THIS ORDINANCE.

SPECIAL USE PERMIT FEES

The fee for a Special Use Permit application is \$500.00 for home occupation, \$900.00 for a special use, \$5,800 for telecommunication towers and \$2,200.00 for collocating antennas on towers over twenty (20) feet. This fee is due upon submittal of the completed application and is non-refundable. There is also a \$50.00 refundable deposit for a public hearing sign. Upon submittal of your application a public hearing sign will be provided to you. The sign is to be posted on the land that is to have the special use so that it is visible from adjoining roads and property. It must be posted at least 14 days prior to the public hearing and maintained so as to be visible from adjoining roads and property until after the public hearing. **Failure to post the sign will result in your application being tabled.** The sign is to be returned after the Board of Supervisors act on the application. Please make check payable to the County of Page.

Applications for Special Use Permits are first heard by the Page County Planning Commission for their recommendations and then by the Page County Board of Supervisors for final decision at public hearings. Your Special Use Permit application will most likely be first heard at a Planning Commission work session followed at a later date by Planning Commission public hearing.

COUNTY OF PAGE
SPECIAL USE PERMIT APPLICATION

FEE PAID _____

DATE _____

RECEIPT NO. _____

DENSITY RANGE: _____

1. The applicant is the owner _____ other _____ (Check one)

2. OWNER

OCCUPANT (If other than owner)

Name _____

Name _____

Address _____

Address _____

Phone No. _____

Phone No. _____

3. Location of property (give exact directions)

4. Property size _____

5. Tax Map Number _____

Magisterial District _____

6. Current use of the property: _____

7. Description of proposed use: _____

Size of building(s) if any _____

8. Present Zoning: _____ A-1 (Agriculture) _____ R (Residential)
_____ C-1 (Commercial) _____ I (Industrial)
_____ W-C (Woodland Conservation)

Applicants additional comments, if any _____

I (we), the undersigned, do hereby certify that the above information is correct and true. I (we) further understand that in granting approval of this application, the Board of Supervisors may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met. *Please refer to the attached "Power of Attorney" form for those applicants that desire to have a spokesperson, who is not the property owner, represent the application and property.*

Signature of Owner _____

Signature of Applicant _____

COMMENTS BY PLANNING DEPARTMENT

PLANNING DIRECTOR

DATE

SUBMIT NAMES AND COMPLETE MAILING ADDRESSES OF ALL ADJOINING PROPERTY OWNERS, INCLUDING PROPERTY OWNERS ACROSS ANY ROAD OR RIGHT-OF-WAY. (Continue on back if needed.)

Names and address of property owners may be found in the Real Estate and Land Use Office at the Commissioner of Revenue's Office.

NAME

ADDRESS

ADJOINING PROPERTY OWNER VERIFICATION:

AS APPLICANT FOR THIS SPECIAL USE PERMIT REQUEST,

I _____ (Name)

HEREBY ACKNOWLEDGE THAT I HAVE FAITHFULLY AND CORRECTLY PROVIDED NAMES AND COMPLETE MAILING ADDRESSES OF ALL MY ADJOINING PROPERTY OWNERS AND THOSE DIRECTLY ACROSS THE ROAD OR RIGHT-OF-WAY. I UNDERSTAND THAT FAILURE TO PROVIDE ALL ADJOINING PROPERTY OWNERS WILL LEAVE ME LIABLE FOR ADDITIONAL COSTS FOR RE-ADVERTISEMENT AND NOTICES MAILED AND THAT MY REQUEST COULD BE DELAYED UNTIL PROPER NOTIFICATION HAS BEEN GIVEN TO ALL ADJOINING PROPERTY OWNERS AND THOSE PROPERTY OWNERS ACROSS THE ROAD OR RIGHT-OF-WAY.

DATE

SIGNATURE OF APPLICANT

PLEASE HAVE THE FOLLOWING AGENCIES ENTER THEIR COMMENTS BELOW BEFORE
SUBMITTING THIS APPLICATION TO THE PLANNING DEPARTMENT.

VIRGINIA DEPARTMENT OF TRANSPORTATION
P.O. BOX 308
LURAY, VIRGINIA 22835
540-743-6585

DATE

VDOT OFFICIAL

PAGE COUNTY HEALTH DEPARTMENT
75 NORTH COURT LANE
LURAY, VIRGINIA 22835
540-743-6528

DATE

HEALTH OFFICIAL

PAGE COUNTY BUILDING OFFICIAL
108 SOUTH COURT STREET
LURAY, VIRGINIA 22835
540-743-6674

DATE

BUILDING OFFICIAL

SUBDIVISION PROPERTY OWNERS ASSOCIATION

DATE

PRESIDENT OR SECRETARY

**Special Limited Power of Attorney
County of Page, Virginia**

Page County Planning Department 540-743-4142

Know All Men By Those Present: That I (We)

(Name) _____ (Phone) _____

(Address) _____

the owner(s) of all those tracts or parcels of land ("Property") conveyed to me (us), by deed recorded in the Clerk's Office of the Circuit Court of the County of Page, Virginia, by

Instrument No. _____ on Page _____ and is described as

Parcel: _____ Lot: _____ Block: _____ Section: _____ Subdivision: _____

(Name) _____ (Phone) _____

(Address) _____

To act as my true and lawful attorney-in-fact for and in my (our) name, place, and stead with full power and authority I (we) would have if acting personally to file planning applications for my (our) above described Property, including:

_____ **Rezoning**
_____ **Special Use Permit**
_____ **Variance or Appeal**
_____ **Subdivision Waiver**

My attorney-in-fact shall have the authority to offer proffered conditions and to make amendments to previously approved proffered conditions except as follows:

This authorization shall expire one year from the day it is signed, or until it is otherwise rescinded or modified.

I witness thereof, I (we) have hereto set my (our) hand and seal this _____ day of _____, 20____,

Signature(s) _____

State of Virginia, City/County of _____, To-wit:

I, _____, a Notary Public in and for the jurisdiction aforesaid, certify that the person(s) who signed to the foregoing instrument personally appeared before me and has acknowledged the same before me in the jurisdiction aforesaid this _____ day of _____, 20____,

Notary Public My Commission Expires: _____